

**UNIVERSITY OF SOUTHERN CALIFORNIA
USC PPO PLAN, USC TROJAN CARE EPO PLAN, VISION SERVICE PLAN,
DELTA DENTAL PLAN, USC SENIOR CARE PLAN AND HEALTHCARE
FLEXIBLE SPENDING ACCOUNT PLAN
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

What is this Notice and Why Is It Important?

The USC Plans are required by law to provide you with notice of our legal duties and privacy practices with respect to your health information. This Notice describes your rights and our obligations for using and disclosing your health information and informs you about laws that provide special practices for your health information. USC Plans must follow the terms of this Notice when using or disclosing your health information.

This Notice is effective as of July 25, 2025.

Who Does this Notice Apply to?

This Notice applies to: (1) the University of Southern California (“USC”) self-insured medical, vision, and dental plans, which provide health benefits to eligible employees and their eligible dependents, (2) the USC Senior Care Plan, a supplemental plan to Medicare, and (3) USC’s Health Care Flexible Spending Account Plan, which permits employees to set aside salary on a pre-tax basis for subsequent reimbursement of qualifying health care expenses (collectively, the “USC Plans”)¹. The USC Plans are required to protect the privacy of your identifiable medical and other health information (“health information”).

How the USC Plans May Use or Disclose Your Health Information

For Treatment: The USC Plans may use and disclose your health information to your health care providers to help coordinate and manage your medical care. This may include sharing information with your doctors, hospitals, pharmacies or other health care professionals who provide services to you. For example, we may disclose information to assist with managing your healthcare under the USC Plans, such as verifying coverage or eligibility, facilitating case management, or supporting a referral to another provider.

For Payment: The USC Plans may use and disclose your health information to obtain payment for health care services and to carry out USC Plans’ responsibilities in providing your health benefits. This includes activities such as making coverage and eligibility determinations, administering claims, or coordinating benefits with other health plans. The USC Plans may also disclose your health information to other entities, such as another health plan or a health care provider for their own payment-related activities.

For Health Care Operations: The USC Plans may use and disclose your health information for health care operations, such as business planning, medical reviews, case and disease management, quality assessment and improvement activities, and fraud detection and compliance. The USC Plans may also disclose your health information to other health plans or health care providers that have or had a relationship with you so that they may conduct similar activities, such as provider credentialing, accreditation, evaluating health care provider performance, or, for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills. In addition, the USC Plans may also disclose your health information to third parties to assist in these activities, but only if they agree in writing to maintain the confidentiality of your health information.

Disclosures to USC as the USC Plans' Sponsor: The USC Plans may disclose your health information to certain employees or other individuals under the control of the University of Southern California (the "USC Plans' Sponsor") as necessary for the administration of the USC Plans' payment, reimbursement, and health care operations. USC, as the USC Plans' Sponsor, is not permitted to use your health information disclosed by or on behalf of the USC Plans for any other purpose. The USC Plans' documents specify, by position, employees or other individuals under the Sponsor's control are authorized to access or receive your health information for the purpose of administering the Plans.

Public Health Activities: The USC Plans may disclose your health information for the following public health activities:

- To report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction;
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect or Domestic Violence: If the USC Plans reasonably believe that you are a victim of abuse, neglect or domestic violence, or sexual violence, the USC Plans may disclose your health information as required by law to a social services agency or other governmental agency authorized by law to receive such reports. We may also disclose health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports.

Health Oversight Activities: The USC Plans may disclose your health information to a health oversight agency that is responsible for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Specialized Government Functions: The USC Plans may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law. We may also disclose your health information to certain authorities if you are in the custody of law enforcement or an inmate in a correctional institution.

Law Enforcement Officials, Judicial and Administrative Proceedings: The USC Plans may disclose health information to police or other law enforcement officials, in certain limited, specific circumstances or in compliance with a court order or other legal process in compliance with applicable law. The USC Plans also may disclose health information in judicial or administrative proceedings, such as in response to a) a court order; (b) a legally valid order issued by a state or federal administrative agency or licensing board; and (c) a subpoena, discovery request, or other lawful process in compliance with applicable law.

Coroners or Medical Examiners: The USC Plans may disclose health information to a coroner, or a medical examiner as required by law.

Organ and Tissue Donation: The USC Plans may disclose health information to organizations that assist with organ, eye or tissue donation, banking, or transplant.

Health or Safety: The USC Plans may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

For Research: Under certain circumstances, the USC Plans may use and disclose health information about you for research purposes. For example, the USC Plans may disclose health information about you to researchers preparing a research protocol or if our Institutional Review Board committee (which is charged with ensuring the protection of human subjects in research) determines that an authorization is not necessary.

Limited Data Sets: The USC Plans also may provide identifiable health information about you (but not including your name, address, social security number, or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify or contact you.

Marketing Activities: The USC Plans may conduct the following activities without obtaining your authorization:

- Provide you with marketing materials in a face-to-face encounter;
- Give you a promotional gift of nominal value
- Inform you about a health care product or service (or payment for such product or service) that is provided by or included in the USC Plans' plan of benefits.

The USC Plans will not accept payments from other organizations or individuals in exchange for telling you about their health care products or services, unless you give us your permission or the communication is permitted by law without your permission. We will ask your permission to use your health information for any other marketing activities.

Workers' Compensation: The USC Plans may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs or as required under laws relating to work-place injury and illness.

As Required by Law: The USC Plans may disclose health information when required to do so by any other law not already referred to in the preceding categories.

Business Associates: We may contract with third parties to perform certain services for us, such as billing, copying, consulting, or other services. These third-party service providers, referred to as Business Associates, may need to access your health information to perform services for us. They are required by contract and law to protect your health information and only use and disclose it as necessary to perform their services for us.

FOR ANY PURPOSE OTHER THAN THE ONES DESCRIBED ABOVE, THE USC PLANS ONLY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WHEN YOU GIVE YOUR WRITTEN AUTHORIZATION.

Note on other Restrictions: California law may impose more strict requirements on how we use and disclose certain types of health information than does HIPAA. To the extent that there are more strict requirements or restrictions, we will only use and disclose your health information as permitted by those stricter requirements.

In some circumstances, your health information may be subject to restrictions that may limit or prevent some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, e.g., HIV/ Aids test results, treatment for mental health conditions, and substance use disorder.

Sale of Health Information: The USC Plans will not make any disclosure that is considered a sale of your protected health information without your written authorization,

unless the disclosure is for a purpose permitted by law.

Genetic Information: The USC Plans are not permitted to use or disclose genetic information for underwriting purposes. This restriction does not apply to underwriting performed in connection with issuing long-term care insurance policies.

Your Rights Regarding Your Health Information

Right to Request Access to Your Health Information: You have the right to request access to the USC Plans' records that contain your health information in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, the USC Plans may deny you access to your records. If you would like access to your records, please obtain a record request form USC Health Plans if the request relates to the USC PPO Plan, USC Trojan Care EPO Plan, Vision Service Plan, Delta Dental Plan and USC Senior Care Plan or the USC Benefits Administration if the request relates to the FSA Plan. If you request copies, you will be charged a reasonable fee for them. You also will be charged for postage costs if you request that copies be mailed to you.

You have the right to request that we provide your requested health information either to you, or to another person designated by you. If you request us to provide your health information to another person designated by you, you must clearly identify in writing the designated person and where we are to send the copy of your health information and sign your request.

Right to Request Amendments to Your Health Information: You have the right to request that the USC Plans amend your health information maintained in the enrollment, payment, claims adjudication and case or medical management record systems maintained by or for the USC Plans and any other records used by or for the USC Plans to make decisions about individuals. If you wish to amend your records, please obtain an amendment request form from USC Health Plans if the request relates to the USC PPO Plan, USC Trojan Care EPO Plan, Vision Service Plan, Delta Dental Plan, and USC Senior Care Plan or the USC Benefits Administration if the request relates to the FSA Plan. All requests for amendments must be in writing. The USC Plans will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. The USC Plans may deny your request but will provide you with a written explanation if we do so, and you may appeal to us in writing. If we deny your request to amend your record, a copy of your request may be added to your record if you direct us to file it. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

Right to Revoke Your Authorization: You may revoke (e.g., take back) any written

authorization obtained by the USC Plans for use and disclosure of your health information, except to the extent that the USC Plans have taken action in reliance upon it. Your revocation must be in writing and sent to USC Health Plans if the revocation relates to the USC PPO Plan, USC Trojan Care EPO Plan, Vision Service Plan, Delta Dental Plan, and USC Senior Care Plan or the USC Benefits Administration if the revocation relates to the FSA Plan or to whomever is indicated on your authorization.

Right to An Accounting of Disclosures of Your Health Information: Upon written request, you may obtain a list (accounting) of certain disclosures of health information made by the USC Plans, provided: (a) Such a period does not exceed six years and does not include disclosures that occurred prior to April 14, 2003; and (b) disclosures made for treatment, payment, health care operations, and certain other purposes will not be included. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee. We will notify you of the cost involved in advance; you may choose to withdraw your request at that time before any costs are incurred.

Right to Request How Information Is Provided to You: You may request, and the USC Plans will try to accommodate any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.

Special Notice on E-mail: You may find it convenient to communicate with the USC Plans by email. The USC Plans may communicate with you by email if you request or if you initiate email communications with us. However, e-mail communications may not be encrypted and are not secure. The USC Plans cannot protect the confidentiality of your health information while it is being transmitted over the Internet and cannot prevent the forwarding of your health information to third parties once it has been sent.

Right to Request Additional Restrictions on the Use of Your Health Information: You may request that the USC Plans restrict the use or disclosure of your health information. All requests for such restrictions must be made in writing. While the USC Plans will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction (except for certain limited circumstances set by law). The USC Plans will provide you with a written response.

Right of Personal Representatives: You may exercise your rights under the USC Plans through a personal representative, as defined by applicable law. A personal representative is an individual authorized to make health care decisions on your behalf and will be treated as you for purposes of accessing and controlling your protected health information (PHI), in accordance with the HIPAA Privacy Rule (45 CFR §164.502(g)).

To act on your behalf, your personal representative must provide documentation of their legal authority. Acceptable forms of proof include:

- A notarized power of attorney for health care decisions,
- A court order appointing the individual as your legal guardian or conservator, or
- Proof of parental relationship, if you are a minor.

The USC Plans may deny access to a personal representative in limited circumstances, such as when there is a reasonable belief that such access could endanger you or if permitted by law.

Right to be Notified of Breach: You have the right to be notified by us if we discover a breach of your unsecured health information.

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

The USC Plans may change the terms of this Notice at any time. If this notice is changed, the USC Plans may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If the USC Plans materially change this notice, we will provide you with a copy of the revised notice. You also may obtain any revised notice by contacting the USC Health Plans Department or the USC Office of Benefits Administration.

Privacy Complaints

If you would like additional information about your privacy rights, are concerned that the USC Plans have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact the USC Office of Culture, Ethics Compliance at (213) 740-8258 or compliance@usc.edu. You also may file written complaints with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate or take action against you if you file a complaint with us or the Secretary.

Further Information

USC Health Plans (USC PPO Plan/USC Trojan Care EPO Plan/USC Senior Care Plan/Delta Dental Plan/Vision Service Plan)

You may contact USC Health Plans at: USC Health Plans, University of Southern California, 1031 W. 34th St., Suite 305, Los Angeles, CA 90089-3261, (213) 740-0035 or healthplans@usc.edu.

USC Benefits Administration (Healthcare Flexible Spending Account Plan)

You may contact USC Benefits Administration at: USC Benefits Administration, University of Southern California, 3500 S Figueroa, Suite 105 Los Angeles, CA 90089-8007, (213) 821-8100 or uschr@usc.edu.